

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N16582	
1. Entity Name CEDAR CREEK VILLAGE V HOMEOWNERS ASSOCIATION, INC.	
Principal Place of Business 6223 BONAVENTURE ST. SARASOTA, FL 34243 US	Mailing Address 6223 BONAVENTURE CT SARASOTA, FL 34243-4808 US



02112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PERRINO, JOHN 6223 BONAVENTURE CT SARASOTA, FL 34243-4808	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PERRINO, JOHN 6223 BONAVENTURE COURT SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD OPRIS-SHANNON, CAROL 6148 BONAVENTURE CT SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PERRINO, JEAN JOANNE 6223 BONAVENTURE CT SARASOTA, FL 342434208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/16/05-80046-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN JOANNE PERRINO *JEAN JOANNE PERRINO* 2/12/05 941-355-2872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #